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APPENDICITIS: THE RELATION OF THE PHYSI-
CIAN AND THE SURGEON IN THE
CARE OF CASES.

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IN the study of the classification of the subject now before us, I have observed that as to the pathology, the indications for early laparotomy, the technique of operative interference, the indications for operation during the quiescent stage of appendicitis, the papers have been presented by surgeons who are now known everywhere as the ablest of operators. No physicians have been called upon to present their views as to diagnosis—early, prompt—which in my mind is often something more than the first step in saving the life of the patient. These cases must necessarily, in the vast majority of instances, come under the observation of the physician, the medical attendant, first—not the prominent operating surgeon of that city, village, or surrounding country. The subject assigned to myself is one that I must say has impressed me very earnestly. I take it that the care of cases of appendicitis dates from the time that the medical attendant is first called in to the case.

The amount of literature that has accumulated during the past ten—yea, the past five—years upon the subject of appendicitis has been very great. The word itself, as it was so ably presented by Dr. Fitz, in his excellent paper, has helped much to simplify cases originating within and about the appendix. Were it possible, when this discussion is closed I would like an answer from the gentlemen who have preceeded me to the question, What proportion of the cases to which you have been called in consultation have been properly diagnosed by the attending physician? My own impression is, from the experience which I have had, that these cases are being studied by physicians, many of whom never do any operative surgery, with greater care and determination to reach correctness



in the early diagnosis. This I consider one of the most cheering indications in our present study of the subject. It must be plain, I think, to everyone that the good results following the present treatment of cases of appendicitis have been largely due to the wise, judicious advancement made by the operative surgeon, and while they have had much to do with presenting the literature of the subject, together with their cases, yet it is to be said to the credit of the physician that he has studied their methods and ways carefully, and has appreciated the importance of an early and correct understanding of the case. Still, much is yet to be accomplished.

In the discussions upon this subject, wherever they occur, it will be observed that these cases are no longer classified by the general practitioner as obstruction of the bowels simply. They, in common with the entire profession, have learned to know that an early and careful analysis of the symptoms that present, enables us, in the majority of cases, to identify these serious lesions. This is wise, and is a point for which we have reason to be profoundly grateful, especially in such cases as are of the acute variety, in which death is known to result at the end of seventy-two hours, or sooner unless prompt relief is afforded within the first thirty-six or forty-eight hours. This may also be said to be the case regarding such conditions as the relapsing, chronic form of appendicitis. Here the care of such cases rests largely with the physician, for when his patient has passed through one or more suspected attacks of this kind, then the responsibility weighs upon him very greatly that he call in his consulting surgeon, and at this point the responsibility becomes mutual.

I would say then :

1st. That the care of cases of appendicitis, so far as the physician is concerned, consists in his early and prompt recognition of the case. Abdominal surgery has now advanced to that point, and reached such a degree of success, that by the application of the methods of diagnosis by exclusion, he, the physician, is able to narrow down the possible condition of his patient to such a point that sharing the anxieties of the case with the operative surgeon becomes an imperative and immediate necessity.

Surely every physician has much reason to feel grateful to such surgeons as Weir, Edebohls, and McBurney for bringing to his attention such plain and useful diagnostic points as they have. There is no excuse for any physician, now in full practice, for not know-

ing and fully understanding what is meant by "the McBurney point."

2d. That, when called, the responsibility rests largely with the surgeon to further aid, or decide as to diagnosis, and as to the necessity of immediate operation. If it is once decided to operate, then the technique of the operation and the care of the case for a certain period devolves entirely upon the operating surgeon. It must be remembered that these cases often occur among a class of people where the anxiety is of the greatest, therefore the physician and surgeon should join their efforts early in the case.

3d. That at no time after the operating surgeon is called in and operates should the physician and he be separated in their care of the case. The watching of the wound rests with the surgeon. Should he be in doubt as to the necessity of an operation, he may be impressed more positively in the direction of the necessity of doing it later, if he sees the patient again at the end of twelve or twenty-four hours, or more or less frequently.

4th. That the physician has yet much to grasp in the recognition of these cases as cases of great anxiety there can be no doubt. A case of this kind occurred recently in a neighboring city in which the operating surgeon was called in at the end of the second day's illness of the patient, and after careful examination said that "he had no doubt of the condition being one of appendicitis," and, when going over the symptoms carefully, the physician said, "When we compare this attack with one the patient had some months since, I am confident they are both of the same nature," thus confirming not only his own, but the surgeon's (Dr. W. H. Hodgman, of Saratoga) diagnosis and opinion of the necessity of an immediate operation, which was done. The appendix was found full of pus just ready to escape. The patient's life was saved, but had the attending physician waited another twenty-four hours to call in the operating surgeon it would probably have proven fatal.

5th. I am convinced that there is a great duty resting with us operative surgeons in endeavoring to classify our cases of abdominal surgery in such a way as will make it clearer to the students and the practising physician to recognize these cases, and then to endeavor to bring before the older members of the profession an array of statistics, a percentage of recoveries, that will impress them with the importance of prompt operation in these cases. To illustrate: Not long since I was called to see a case in which a

younger physician, who had seen the case casually, had suspected appendicitis and suggested the propriety of an operation to the older practitioner in attendance, and who said in reply, "Well, granted that it is that, and in which I believe you are correct, but have you ever known of a case that recovered after an operation for removal of the appendix?" This has been too often the experience of our middle-aged and older practitioners; therefore, I repeat, it is our duty to endeavor to bring this subject, by constant study, by repeated discussion in our societies, by careful observation of our pathological specimens, to that point of perfection that we may be able to convince the pure, upright, honest and intelligent physician that the operative surgeon can help and save these cases when presented to him in time for treatment.

6th. The mutual care of these cases must consist in a closer watching of early symptoms by the physician; of a greater degree of confidence in the skill of operating surgeons. The care of these cases, as between physician and surgeon, must be brought to that plane where we shall meet with fewer cases of septic condition when operating, and where the symptoms of collapse, such as cold hands and feet, husky voice, subnormal temperature and like conditions have not been reached.